

The Kitesurf Centre



Name.....

Address.....Emergency Contact Name.....

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Contact Number.....Emergency Contact Number.....

Email Address.....

Date of birth.....

If on a kitesurfing lesson, can you swim 50m with full clothing YES/ NO

Do you have any medical condition which could cause danger whilst participating in this activity?
YES/ NO

Do you have any allergies which require an EpiPen? YES / NO

If yes to either of the above, please notify your instructor before the course begins.

How did you hear about The Kitesurf Centre? (if internet search, what did you type

In?).....

Signature.....Date.....

Parent or guardian (under 18)

Signature.....Date.....

By signing this disclaimer, you are agreeing to The Kitesurf Centres Terms and Conditions – (displayed on wall the office wall)